

THE SOCIAL WORKER  
WITH VISUAL IMPAIRMENT

by

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HOUSE FOR THE BLIND**



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## The Social Worker with Visual Impairment

**JAMES P. COEN, DICK C. NOOE, RALPH PLUMMER,  
and MERTON TRAST**

THREE PSYCHIATRIC social workers with major visual impairment are employed in three Kansas State institutions. Two of them are completely blind; the third has slight vision, though not enough to be able to read. Their common problems and concerns, their attitudes and their professional experiences, are the subject of this article, which summarizes workshop discussions in which they participated with the social service consultant of the Division of Institutional Management, Kansas State Department of Social Welfare.\*

The article was prepared in the belief that it would make a contribution to the social work profession and would be useful to blind social workers. The authors hope to influence favorably the admission policies of schools of social work and the employment policies of social agencies; at present some schools of social work refuse to admit blind applicants, and many agencies are reluctant to employ blind workers.

The three institutions employing the workers who participated in the workshop are psychiatrically oriented treatment centers with high professional standards of performance. The minimum requirement for permanent appointment as a social worker is a master's degree from an accredited school

of social work. All three workers met this requirement and had been employed solely on the basis of their professional qualifications.

### Preparation for Professional Social Work

A blind person needs a period of special training, commonly referred to as blind rehabilitation, before entering a graduate school of social work. This training was received by two of the three workers in formal training centers. All three agree that it is important for developing personal capacities and skills, gaining an emotional acceptance of blindness and its limitations, and acquiring the social skills needed in relating to the persons, groups, and situations encountered in the pursuit of professional education.

One of the most important goals of rehabilitation programs is to give the blind person mobility; those emphasizing travel training are particularly geared to helping him learn to move about freely in his immediate surroundings and in the community. Rehabilitation programs teach him effective ways of communicating—which it is essential he learn—including Braille and the use of sound and recording equipment. The importance of grooming and personal hygiene is emphasized, and instructors correct any tendency to slump, stoop, look down, or shuffle. They also encourage the blind person to enhance his conversation with appropriate facial expressions and gestures.

All the social skills acquired through

\* The chief social workers in the three institutions served as advisers to the group: Thelma Likovich, Osawatomie State Hospital; Elizabeth Clark, Topeka State Hospital; and Malcolm Jasper, Kansas Neurological Institute.

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of cases he can carry, by giving him an opportunity to observe interviews conducted by mature workers, elderly persons in a home for the aged, and children in a nursery school for the emotionally disturbed.<sup>3</sup> It might be feasible for students to act as observers or participant-observers in agencies or hospitals other than those to which they are assigned for their field work instruction. They might attend psychiatric grand rounds or case conferences as observers. As participant-observers they might be able to serve as volunteers on a specialized service for several hours a week. A number of possible settings come to mind: the psychiatric ward of a hospital, a school, a home for disturbed children, or a center for handicapped persons. The students would have the opportunity to observe the patients, to feel the impact of the patients' behavior on themselves, to locate the areas of pathology and health, and to note group interaction. The students could supplement their observations by reading the patients' case records, attending group sessions, and discussing the patients with nurses, psychiatrists, and social workers.

Such a plan offers the possibility of didactic field instruction. Many field instructors and many other social workers have much to offer as teachers although they do not occupy an official teaching position; they might make an important contribution to social work education by offering the stu-

dent body at large an elective program for credit. Such a program, including a basic curriculum, reading assignments, and written reports, could be conducted in the agency. The field instructors at the University Hospital, for example, have suggested to the School of Social Work that they offer an elective course in interviewing and the specialized problems of childhood and disability. On closed-circuit television students would observe a field instructor interview the family of a mentally retarded, emotionally disturbed, or physically disabled child. Such "field" courses are already being offered to medical students and are taught by social workers in social service departments and agencies.<sup>4</sup>

### Summary

This project was aimed at broadening the teaching of human growth and development through providing students an opportunity for direct observation of children in family and nursery-school settings. The approach used can be expanded to include settings caring for individuals with severe emotional problems. An opportunity for such observation can contribute significantly to the student's knowledge and understanding of normal behavior. Furthermore, social workers who at present have no formal teaching responsibilities, as well as field instructors, can be a source of valuable knowledge.

### REFERENCES

<sup>1</sup> Alastair Macleod and Phyllis Poland, "The Well-Being Clinic," *Social Work*, Vol. VI, January 1961, p. 18.

<sup>2</sup> Ira J. Gordon, Ed.D., Peter F. Regan III, M.D., and Samuel P. Martin, M.D., "Observation of the Behavior of Normal Children: An Approach to Medical Education," *Journal of Medical Education*, Vol. XXXV, August 1960, pp. 775-80.

<sup>3</sup> Minna Green Duncan, "An Experiment in Applying New Methods in Field Work," *SOCIAL CASEWORK*, Vol. XLIV, April 1963, pp. 179-84.

<sup>4</sup> *The Psychiatric Social Worker Teaches Medical Students*, National Association of Social Workers, New York, 1957.



blind rehabilitation should be deeply ingrained in the functioning of a blind person before he begins his professional education. In schools of social work, where training is identical for the blind and the sighted, the blind person adds to his experience and knowledge. His adjustment to his blindness improves, and his further development is fostered.

### **Orientation to the Physical Setting**

The blind social worker should give detailed attention to the physical setting in which he is employed. At first he needs to have a staff member describe the physical plant, assist him in laying out travel routes, familiarize him with landmarks, and perhaps accompany him. During this orientation he must take care to distinguish between temporary and permanent points of reference and to recognize objects by their shape, or smell, or sound. His need for acquiring a special kind of orientation need not be a serious handicap, however, or cause him any unusual delay in assuming his duties. The three workers who participated in the workshop had experienced little difficulty in becoming oriented to what might be considered the complicated environment of state institutions comprising several buildings, stairways, halls, offices, and patient dormitories.

After becoming oriented to the physical setting with the assistance of a sighted person, the blind worker should acquire more detailed information of his new environment on his own. He should develop a definite system or plan for doing so, which will, of course, be different for each person, depending on the extent of his visual impairment, his ability to absorb details, and many other factors. His orientation is relatively simple when the walks or hallways are well defined and the office arrangements uniform from floor to floor. An effective guide for him is an embossed map of the setting, which can be made by using a raised-line drawing board.

The amount of time required for a blind worker's orientation is closely related to how much moving about his job entails. If, for example, his responsibilities take him to several buildings, he tends to develop a com-

prehensive orientation more quickly than if his work is confined to one building or to a single floor.

To be able to recognize all his associates also takes time for the blind worker. Until he knows them, they can help him by introducing themselves.

Throughout his orientation period the blind social worker needs, and should be able to accept, assistance from sighted staff members. Such assistance saves time and need not contribute to dependency or interfere in any way with the development of constructive working relationships. However, the blind worker himself has the primary responsibility for making his needs known to his supervisor and other staff members. He should be brief, precise, and comfortable in explaining his need for assistance.

### **Staff and Agency Relationships**

Particularly in a psychiatric setting, staff relationships are a crucial factor in the patients' treatment, as the three workshop participants recognized. They felt that the blind social worker has an obligation to be aware of special problems he may encounter in fostering positive working relationships with other staff members.

It is crucial that he strive to create an atmosphere in which staff members evaluate his work on its merits. If he reacts to his blindness by becoming excessively dependent or independent, his colleagues are apt to appraise his work negatively. Achieving a satisfactory balance between dependence and independence has an important effect on his relationships with the staff. The blind worker must recognize that blindness limits his practice in certain areas; but these are far outnumbered by the areas of practice in which it is no handicap.

It is desirable for the blind worker to make as few demands as possible on the time of other staff members. He can minimize his demands by communicating closely with the staff and planning his daily activities efficiently. When he is responsible for presenting a case, rather than ask a staff member to read the report for him he should present it himself, relying on his memory or



on Braille notes. He should not expect the agency to provide him with special equipment or to incur special expenses in his behalf.

The three workers and their supervisors explored the factors in their own relationships that might be related specifically to the condition of blindness. They all agreed that the principles of supervision apply whether the supervisee is blind or sighted, for the supervisor must always individualize the supervisee and recognize his strengths, special talents, interests, and limitations and must give him opportunities for growth and development.

The workshop participants agreed that most of their co-workers treated them as professional colleagues but that some were overprotective. They felt that when staff members attempt to protect a blind worker from difficult cases or situations, he should discourage them. On the other hand, he should openly and frankly recognize that he needs certain kinds of continuing help. For example, sighted members of the staff aid the worker by describing clients to him; in emergency situations they assist him by reading case records. These forms of help need not disturb his relationship with them.

The workshop participants agreed that it is necessary for the blind worker to perform at an above-average level in order to maintain good staff relations. Even though sighted workers accept the blind staff member as a professional, they tend to think that any instance of poor performance is the result of his blindness. This idea can easily become generalized so that the blind worker's performance is expected to be low.

### Reader Services and Office Methods

Securing the services of a reader and, in many cases, paying the cost must be accepted by the blind social worker as part of his responsibility. The three workers all agreed on this point and thought it was inappropriate to request preferential treatment by asking that reader services be provided. One worker used volunteer readers for about twelve hours each week. The other two used paid reader services for five hours and ten hours each week. The differences in

the requirements of the three workers reflect several conditions, including agency demands, agency setting, and numerous personal factors.

A reader must be carefully selected on the basis of reliability, ability to handle confidential material, willingness to adjust to the blind worker's pattern of functioning, ability to select pertinent reading material, and willingness to become familiar with the files, methods, and policies of the agency. Orienting a new reader takes time. Careful, detailed orientation is worthwhile, however, for the reader tends to become, at least to some extent, the worker's private secretary and first assistant. After selecting a reader, the worker should, of course, make the arrangement permanent because of the time lost in the process of changing readers. Readers who serve only occasionally or for brief periods of time are of little value.

The workers supplemented their reader service by devising systems of recording and filing that made essential material readily accessible. For example, Braille tabs were affixed to the alphabetical dividers in the files and to the back of the tab on each folder, so that the worker could use his own file of case folders. For ready reference, the patient's name, address, telephone number, and other important data were Brailled on a three-by-five card and filed with Brailled tabs. By maintaining the cards alphabetically by ward, with dividers between wards, the worker could quickly find the name of a patient. One worker used a loose-leaf visible reference book instead of cards. In taking notes, the workers used the Braille writer or the conventional slate and stylus.†

### Treatment Considerations

Cases should be assigned on the basis of the worker's professional qualifications rather than his blindness, for the same factors that a supervisor considers in determining case assignments for sighted workers apply for the blind worker. One of the workers participating in the workshop had found he could not adequately serve a certain patient

† Requests for information on Braille writing materials should be sent to Howe Memorial Press, Watertown, Massachusetts.



because her husband was blind and his identification with the husband was detrimental to the professional relationship. The other two workers, however, had had no experience in which their blindness was such a handicap that it determined the case assignment.

### *Working with Groups*

One worker had led group work sessions for three groups of parents of retarded children. The programs, which were short, had the following purposes: (1) to provide an opportunity for the participants to develop a common understanding of the problem of being a parent of a retarded child; (2) to provide the participants with an effective structure conducive to the expression of feelings; and (3) to enable the worker to improve his understanding of the parents and their problems, feelings, reactions, and plans.

The groups met weekly for six sessions of approximately an hour and fifteen minutes each. Before the meetings, which were all held in the same room, the leader familiarized himself with the room and the furniture so that his mobility was not a problem.

At the first session he sat at the head of a long table and invited the parents to seat themselves around it. After outlining the purposes of the meetings and the procedures, he invited each member to state his name and occupation and tell something about his child's problem. The participants spoke in the order in which they were seated, beginning at the worker's right and continuing counterclockwise around the table. In this way the worker identified each person by his voice and location. At later meetings when members sat in different places, the worker could identify them by their voices alone.

It was, of course, necessary for the worker to listen intently to each comment to understand what was happening in the group process. Throughout each session he made a mental outline of the discussion, and immediately afterward he dictated a detailed recording. He made notes of any radical shifts in the nature or focus of the interaction.

Although there was no accurate way of

measuring the results achieved by the groups, attendance was excellent: there was full attendance at all sessions except for two absences, one of which was caused by illness and the other by the participant's failure to receive notice of the first meeting. The worker's general conclusion was that the project had had value for the participants.

### *The Relationship with Clients*

Skill in forming a therapeutic relationship is an essential requirement for any professional social worker. The bond that forms between worker and client facilitates communication on both the verbal and the non-verbal levels and enables the client to work constructively on his problems. The client comes to view the worker as a strong, sensitive person who is willing and able to help him. If the worker is blind, however, the client may at first have difficulty in thinking of him that way; he may, at least to some extent, assign to him the traditional role of the blind person in our culture—that of a completely dependent person or a beggar. Overcoming this stereotype is usually not difficult. The client encounters the worker in a setting where he expects to find professionally trained staff with the knowledge and skill to help him with his problems, and when the worker is comfortable about his blindness, the client is soon able to see him as a person with the training and experience to help him.

It is essential for the worker to know the meaning of his blindness to the client. The client may react to it with curiosity, which is to be expected; his questions should be answered comfortably and clearly. Frequently he is satisfied with a brief explanation.

In some instances a client's preoccupation with the worker's blindness may represent avoidance of the purpose of the interview. If he pursues the subject of blindness, asking many questions and making many comments, then obviously his questioning has a meaning other than curiosity. If the meaning is explored, understood, and worked through, it may represent a step forward in the problem-solving process.

In some instances the client may wonder,



"How can a blind person really understand and help me?" For a multitude of reasons blindness may kindle feelings of resentment, fear, anxiety, and frustration. To the client, the worker's blindness may also mean that he is someone to be manipulated or protected.

A client may grow uneasy and tense as he begins talking to a blind worker. The worker cannot ignore this problem. In some cases the client can talk about his anxiety even if the worker neglects to mention his handicap. However, the blind worker should explain his blindness, in most cases, at the beginning of the first interview. When a worker says, "Since I cannot see you, I should like to have you describe your appearance," this statement not only serves to introduce his blindness but also helps him to gain some understanding of the client's self-image and the image he wants to present to the worker. The worker may also find it helpful to have a staff member describe the client's movements, dress, and mannerisms.

The worker's comprehension of the meanings of blindness for the client depends largely on his own attitude toward it. A worker's denial of his blindness would make it impossible for him to understand and deal with his client's feelings.

Taking notes during an interview need not interfere with the therapeutic relationship. Indeed, some clients say, "Now, write this down. It's important!" Since few of them are familiar with Braille writing, a brief explanation is appropriate, and it reinforces the reality of the worker's blindness.

The professional social worker is prepared to deal with any resistance that interferes with his developing a therapeutic re-

lationship with the client. The sighted worker is alert to the client's gestures and movements and to other forms of nonverbal communication. The blind worker cannot be aware of eye movements or facial expressions, but he can become aware of the client's body movements, tone of voice, pauses, and smoking habits, all of which may reveal his emotions. If the blind worker listens to the client's problems carefully and perceives the client's nonverbal language, his professional knowledge and skill will enable him to use himself adequately in the interview situation.

### Summary

Many agencies are reluctant to employ blind social workers. Several schools of social work refuse them admission. The three blind social workers who are co-authors of this article are employed in psychiatrically oriented state institutions in Kansas. These graduates of different schools of social work were employed because of their professional competence.

Although blindness is recognized as a handicap, a social agency employing blind workers does not need to extend them favored treatment. A blind social worker must himself give attention to his handicap and assume full responsibility for making adjustments, which include acquiring pre-professional training in the shape of blind rehabilitation, arranging for reader services, requesting needed assistance from sighted staff members, interpreting his blindness to his supervisor and fellow workers, and maintaining an above-average quality of service. The experience reported here indicates that it is entirely possible for qualified blind workers to perform their duties effectively.



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